MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

ı,

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FIL
15/50027	
	1

ING DATE

APPLICANT(S)

CLAIMS

	AS F	ILED		TER NDMENT		TER INDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
3		-			<u> </u>	ļ
4						
5						
6						
7						
8		<u> </u>	<u> </u>			
9						
10 11				-		
12						
13		 				
14						
15						
16						
17	·				<u> </u>	ļ
18					<u> </u>	
19 20	<u>-</u>					
21						
22						
23						
24						
25						
26		-				<u> </u>
27)-					
28 29						
30		 				
31						1-
32						
33						
34	<u> </u>					1
35						
36						<u> </u>
37			<u> </u>			
38					 	
39			<u> </u>	1		
40			·_~·	 		
41				-		
43		1				†
44						
45						
46						
47						
48						
49						
50 TOTAL						_
TOTAL IND.				-		1
		J		1		J
TOTAL						
TOTAL DEP.						